

## Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642 1-800-222-PERS (7377) www.opers.org



	Change Request	Address	■ Name	Bank
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Please check the change(s) you are requesting. Complete, sign on page 2 and return the form to OPERS at the address

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See next page to make a bank change and authorize changes.

**Section 3 - Bank Change -** If you are a recipient receiving a monthly benefit from OPERS, complete this Section to change your banking information and sign below to authorize the change. Attach a voided check or deposit slip.

Direct deposit is not available for members who reside outside the United States. If you live outside the U.S. and you complete this Section, your monthly payment will be sent as a paper check to the bank address listed below.

Type of Account  Bank Routing Number  Checking Savings  Note: A valid routing number will begin only with a 0, 1, 2 or 3.  Section 4 - Signature - I hereby request that the change(s) noted on this form be made to my OPERS account.  Your signature for the name as it now appears on your OPERS account.  Today's date	Ban	k Name	е																														
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